

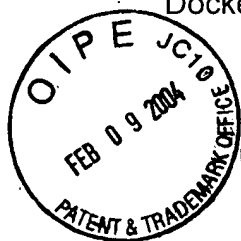
Docket: 55017-5179

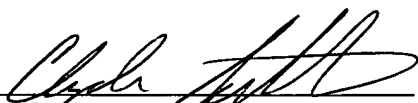
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Application of: Davey, Terrance J.

Group Art No.: 1733

Serial No.: 09/600,831

Atty. Docket No.: 55017-05179

Filed: 07/21/2000

For: TREATMENT METHOD

Examiner: PIAZZA CORCORAN,
Gladys. J.

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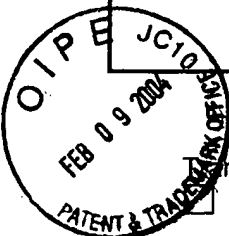
**RESPONSE TO ADVISORY ACTION AND SUPPLEMENT TO THE
AMENDMENT AND RESPONSE TO PLACE CLAIMS IN
CONDITION FOR APPEAL FILED DECEMBER 10, 2003**

The following supplemental amendments and remarks are made in response to the Patent Office Advisory Action of January 23, 2004.

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Attorney Docket No.		55017-5179	First Inventor: Davey
AMENDMENT TRANSMITTAL LETTER		Serial No.	09/600,831
Title: <u>Treatment Method</u>		Filing Date	7/21/2000
		Examiner	PIAZZA CORCORAN, Gladys J.
		Group Art Unit	1733



TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

Large Entity Status

☒ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED – PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
		(Column 1)		(Column 2)	(Column 3)				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*10	Minus	**20	=0	x \$=	0.00	x \$_____ =	0.00
	Independent (37 CFR 1.16(b))	*4	Minus	***4	=0	x \$=	0.00	x \$_____ =	0.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$=		+ \$_____ =	
						TOTAL ADDIT. FEE	0.00	TOTAL ADDIT. FEE	0.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

- ☐ Petition of 1 Month Extension of Time.
- ☒ No additional fee is required for the Amendment.
- ☐ A check in the amount of ___ for the fee is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 20-0823.
- ☒ The Commissioner is hereby authorized to charge any other fees which may be required, or credit any overpayment, to Deposit Account Number 20-0823.
I have enclosed a duplicate copy of this sheet.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

Signature

Date: February 6, 2004

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